



# State of New Hampshire

## 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/05/2015

Business ID: 703625

William M. Gardner

Secretary of State

PRO DONE INC.

10 TECHNOLOGY DRIVE UNIT 4  
WEST LEBANON, NH 03784

ADDRESS OF PRINCIPAL OFFICE:

10 TECHNOLOGY DRIVE UNIT 4  
WEST LEBANON, NH 03784

REGISTERED AGENT AND OFFICE:

TYLER, SIMMS AND ST. SAUVEUR CPA'S, P.C.  
19 MORGAN DRIVE  
LEBANON, NH 03766

ENTITY TYPE: CORPORATION

BUSINESS ID: 703625

STATE OF DOMICILE: DELAWARE

TO MANUFACTURE BRAKE LATHES AND RELATED AUTOMOBILE  
PARTS.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address Tyler Simms & St. Sauveur, David St. Sauveur, 19 Morgan Drive,, Lebanon, NH 03766

☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Joseph Willey  
STREET 283 Third Street  
CITY/STATE/ZIP Bonita Springs FL 34134  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Joseph Willey  
STREET 283 Third Street  
CITY/STATE/ZIP Bonita Springs FL 34134  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

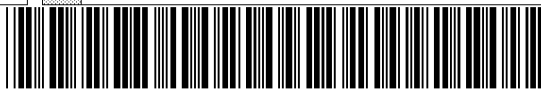
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Joseph Willey

Please print name and title of signer: Joseph Willey / PRESIDENT  
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301